

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19	2					
20						
21						
22						
23						
24						
25	1					
26						
27						
28						
29						
30						
31						
32						
33						
34	1					
35						
36						
37						
38						
39						
40						
41						
42	1					
43						
44	1					
45						
46	1					
47						
48						
49						
50						

TOTAL IND.

6



TOTAL DEP.

43



TOTAL CLAIMS

49



	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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100						

TOTAL IND.



TOTAL DEP.



TOTAL CLAIMS

